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CONFIRMATION NO. 5974

<b>SERIAL NUMBER</b> 10/772,817	<b>FILING OR 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PU60075	
<b>APPLICANTS</b> Robert W. Marquis, Collegeville, PA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/447,558 02/14/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/05/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GLAXOSMITHKLINE Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA19406-0939					
<b>TITLE</b> Cathepsin L inhibitors					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		